

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Bus Charter

Fingersnappin' Entertainment, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2013 - 270 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Samuel Burton Lawson

Telephone: 843-345-1919 cell

Address: 7872 Long Shadow Ln
N. Charleston, SC 29406

Fax: 1-800-548-7091

Other: 843-810-9106 office

Email: burt@fingersnappmusic.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☒ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED

JUL 08 2013

PSC SC
CLERK'S OFFICE

RECEIVED

JUL 01 2013

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Doc

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 06/27/2013

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

FingerSnappin' Entertainment, LLC

7872 Long Shadow Ln. North Charleston, SC 29406
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-345-1919

Phone

1-800-548-7091

Fax

burt@fingersnapmusic.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Samuel Burton Lawson

7872 Long Shadow Ln. N. Charleston, SC 29406

RECEIVED

JUL 08 2013

PSC SC
MAIL / DMS

DESCRIPTION OF EQUIPMENT

[illegible]

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18038965199

FROM Nicole Lawson

DATE 2013-07-05 22:18:13 GMT

RE Attn: Tricia

COVER MESSAGE

Tricia,

Here is the premium that you needed for my insurance page. The premium is \$4,131.00 per year. Thank you!

RECEIVED
JUL 08 2013
CHECKS OFFICE

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

FingerSnappin' Entertainment, LLC

Name of Applicant

7872 Long Shadow Ln. North Charleston, SC 29406

Address of Applicant

Amount of Premium: \$4,131.⁰⁰

Limits Quoted: (See Below)

Liability Insurance \$ 500,000 CSL

Limits 500,000 CSL 75,000 CSL uninsured/underinsured

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Palmetto Moon Insurance Agency / Columbia Insurance Co.

Name of Insurance Company

672 Marina Dr, St. 107, Charleston, SC 29402 / 3024 Harney St, Omaha, NE

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/28/13
Date

[Signature]
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Finger Snappin' Entertainment, LLC

Name of Applicant

U.S.D.O.T No.

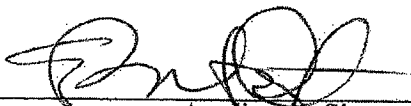
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
- ☐ Yes ☒ No ☐ Pending (Submit when received.)
- If Yes, indicate rating below and provide copy.
- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
- ☐ Yes ☒ No
3. Are there currently any outstanding judgments against the Applicant?
- ☐ Yes ☒ No
- If Yes, indicate nature of judgement(s) against applicant.
4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?
- ☒ Yes ☐ No
5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
- ☒ Yes ☐ No

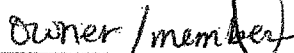
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)



STATE OF SOUTH CAROLINA)

COUNTY OF Berkeley)

SWORN TO BEFORE ME

This 28 day of 2013, 20

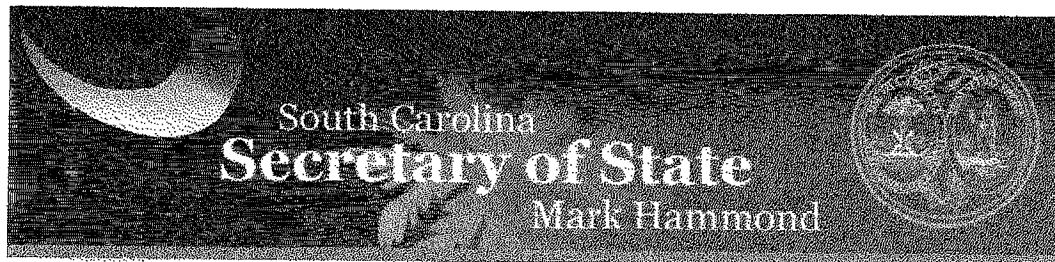


Notary Public

Commission Expires 11/2/2022

South Carolina Secretary of State: Search Business Filings

Page 1 of 2

**FINGERSNAPPIN ENTERTAINMENT, LLC**

*Note: This online database was last updated on 6/27/2013 5:01:25 PM.
See our Disclaimer.*

DOMESTIC / FOREIGN:	Domestic
STATUS:	Good Standing
STATE OF INCORPORATION / ORGANIZATION:	SOUTH CAROLINA Profit

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME:	SAMUEL B. LAWSON
ADDRESS:	7872 LONG SHADOW LANE
CITY:	N. CHARLESTON
STATE:	SC
ZIP:	29406

SECOND ADDRESS:

FILE DATE:	07/17/2008
EFFECTIVE DATE:	07/17/2008
DISSOLVED DATE:	//

Corporation History Records

CODE	FILE DATE	COMMENT	Document
Domestic LLC	07/17/2008	AT WILL	

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18038965199

FROM Nicole Lawson

DATE 2013-06-28 19:34:02 GMT

RE FingerSnappin' Entertainment Bus Charter Application

COVER MESSAGE

Please process, Thank you

Burt Lawson

843-345-1919